

CHARLES J. McKEE (SBN 152458)  
County Counsel  
TRACI A. KIRKBRIDE (SBN 195690)  
Deputy County Counsel  
Office of the County Counsel  
County of Monterey  
168 West Alisal Street, 3<sup>rd</sup> Floor  
Salinas, California 93901-2680  
Telephone: (831) 755-5045  
Facsimile: (831) 755-5283  
email: kirkbride@co.monterey.ca.us

Attorneys for Defendants COUNTY OF MONTEREY and  
MICHAEL KANALAKIS

**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE NORTHERN DISTRICT OF CALIFORNIA**

JIMMY D. HAWS, SETH DANIEL HAWS,  
and MIA SKYE HAWS, minors, by and  
through their guardian ad litem, CARRIE A.  
HAWS, and CARRIE A. HAWS,  
individually,

Case No. C 07-02599 JF

**CERTIFICATE OF SERVICE**

Plaintiffs,

v.

COUNTY OF MONTEREY, MICHAEL  
KANALAKIS, NATIVIDAD MEDICAL  
CENTER and DOES 1-300, inclusive

Defendants.

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**PROOF OF SERVICE**

I am employed in the County of Monterey, State of California. I am over the age of 18 years and not a party to the within action. My business address is 168 West Alisal Street, 3<sup>rd</sup> Floor, Salinas, California.

On September 14, 2007, I served a true copy of the following document(s):

**DEFENDANTS COUNTY OF MONTEREY AND MICHAEL KANALAKIS'  
NOTICE OF VACATING HEARING DATE OF NOVEMBER 2, 2007  
ON MOTION TO DISMISS PLAINTIFFS' FIRST AMENDED COMPLAINT**

on the interested parties to said action by the following means:

☐ **(BY MAIL)** By placing a true copy thereof, enclosed in a sealed envelope, for collection and mailing on that date following ordinary business practices, in the United States Mail at the Office of the County Counsel, 168 West Alisal Street, 3<sup>rd</sup> Floor, Salinas, California, addressed as shown below. I am readily familiar with this business's practice for collection and processing of correspondence for mailing with the United States Postal Service, and in the ordinary course of business, correspondence would be deposited with the United States Postal Service the same day it was placed for collection and processing.

☐ **(BY HAND DELIVERY)** By causing a true copy thereof, enclosed in a sealed envelope, to be delivered by hand to the address(es) shown below.

☐ **(BY OVERNIGHT DELIVERY)** By placing a true copy thereof, enclosed in a sealed envelope, with delivery charges to be billed to the Office of the County Counsel, to be delivered to the address(es) shown below.

☐ **(BY FACSIMILE TRANSMISSION)** By transmitting a true copy thereof by facsimile transmission from facsimile number (831) 755-5283 or (831) 784-5978 to the interested parties to said action at the facsimile number(s) shown below.

☒ **(BY E-FILEING WITH THE U.S. DISTRICT COURT)** By submitting these documents for Electronic Case Filing, pursuant to Local Rule 5-4 and General Order 45, at the Office of the County Counsel, 168 West Alisal Street, 3<sup>rd</sup> Floor, Salinas, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on September 14, 2007, at Salinas, California.

\_\_\_\_\_  
/S/ Cecilia Zazueta  
Cecilia Zazueta

**I hereby attest that I have on file all holograph signatures for any signatures indicated by a "conformed" signature (/S/) within this filed document.**

**NAME(S) AND ADDRESS(ES) OR FAX NUMBER(S) OF EACH PARTY SERVED:**

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Michael B. Moore, Esq.  
595 Market Street, Suite 1320  
San Francisco, California 94105  
Facsimile: (415) 956-6580  
Email: [mbm@mooreandbrowning.com](mailto:mbm@mooreandbrowning.com)  
*Attorney for Plaintiffs*

Ralph W. Boroff, Esq.  
55 River Street, Suite 100  
Santa Cruz, California 95060  
Facsimile: (831) 426-0159  
Email: [rw\\_b\\_attorney@1stcounsel.com](mailto:rw_b_attorney@1stcounsel.com)  
*Attorney for Plaintiffs*

David Sheuerman, Esq.  
Sheuerma, Martini & Tabari  
1033 Willow Street  
San Jose, California 95125  
Facsimile: (408) 295-9900  
Email: [dsheuerman@smtlaw.com](mailto:dsheuerman@smtlaw.com)  
*Attorneys for Natividad Medical Center*